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ABSTRACT

An interdisciplinary course in health communication can begin to bridge the gap in knowledge between different health care disciplines and provide epistemological gains for both health care practitioners and communication scholars. Possible topics include patient interviewing, health education, practitioner/patient relationships, health care teams, therapeutic communication, health care ethics, and communication in health care organizations. In health education training, health care providers are instructed how to describe and explain complex health care topics and procedures clearly and explicitly. The practitioner/patient relationship is examined as a crucial issue in health care provision, and poor health care relationships are identified as a primary cause of many current problems in the health care system. The importance of developing effective health care teams is examined in light of the growing specialization and complexity of modern health care practice. Therapeutic communication is identified as a key communication characteristic of helping, and health care is characterized as a helping profession. Ethics in health communication are examined as moral evaluations of the correctness of health care behaviors, and health care organizations are presented as the primary social systems for the delivery of health care services to the public in the modern world. (HOD)

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The Development and Presentation of an Interprofessional Survey Course in Health Communication

Abstract

A rationale, description, and method for developing and implementing an undergraduate course in Health Communication is presented. Primary course goals are described. The course structure is organized into five study units, each with specific instructional objectives. Communication theory and research is applied to the communication demands of health care practice.

The Development and Presentation of an Interprofessional Survey Course in Health Communication

Introduction

Health communication has developed as an area of study concerned with the role of human interaction in the health care process. Students of health communication examine the variety of human communication phenomena crucial to the delivery of health care services to health care clientele. Several different foci of attention in health communication are the health practitioner/health care client communication relationship, communicative interactions between interdependent health care professionals, flow of information throughout health care organizations, therapeutic helping interaction, as well as health care interviewing methods and techniques.

Doctors, dentists, pharmacists, and other health professionals depend on their ability to communicate effectively with their colleagues and clients in competently performing their health care responsibilities and duties. "For example, the doctor who interviews a new patient to establish an accurate medical history, the dentist who probes a patient's mouth to discover the source of a patient's toothache, and the pharmacist who describes the use of a prescribed drug to a customer, are all depending on their ability to communicate effectively to these health care clients to accomplish their professional tasks" (Kreps, 1981). Human communication education, focusing on the relationship between health care delivery and human interaction, can provide the impetus necessary to facilitate in health care professionals both an appreciation of the importance of human communication in health care, and the development of effective health communication skills and strategies.

As Cassata (1978, 1980) has convincingly argued, health communication is an interdisciplinary field of study bridging social sciences, humanities, and health sciences knowledge when he wrote, "...health communication also draws upon the knowledge base which has developed in the biological, psychological, social and cultural sciences. Communication scholars play a vital role in synthesizing theoretical and practical principles from these disciplines and finding application in health settings." Not only does health communication education tie together different epistemological perspectives on understanding health and health care delivery, but it also has the potential to bring together an interdisciplinary group of health care providers and consumers (doctors, dentists, nurses, pharmacists, patients, patients' families, etc.), to study the role of human communication in health care practice. Furthermore, health communication education can encourage these individuals to develop meaningful interprofessional communication relationships to enhance health care coordination and cooperation.

Boulding (1956, p. 198) among others, has strongly advocated the development of interdisciplinary ties between professional and academic disciplines as a means of sharing relevant ideas and information; he cogently describes the plight of science caused by the growing isolation of scientists, educators, and other professionals, as well as the failure to develop cooperative interdisciplinary programs of study and research:

> The crisis of science today arises because of the increasing difficulty of such profitable talk among scientists as a whole. Specialization has outrun Trade, communication between the disciplines becomes increasingly difficult and the Republic of Learning is breaking up into isolated subcultures with only tenuous lines of communication between them—a situation which threatens intellectual civil war. The reason for this breakup in the body of knowledge is that in the course of specialization the receptors of information themselves become specialized hence physicists only talk to physicists, economists to economists—worse still, nuclear physicists only talk to nuclear physicists and econometricians to econometricians. One

> wonders sometimes if science will not grind to a stop in an assemblage of walled-in hermits, each mumbling to himself words in a private language that only he can understand. ...The more science breaks down into sub-groups, and the less communication is possible among the disciplines, however, the greater chance there is that the total growth of knowledge is being slowed down by the loss of relevant communications. The spread of specialized deafness means that someone who ought to know something that someone else knows isn't able to find it out for lack of generalized ears.

The development and implementation of interdisciplinary based communication education programs, such as the program in health communication described herein, can begin to bridge the gap in knowledge between different health care disciplines and provide epistemological gains for both health care practitioners and communication scholars.

Interprofessional Composition of the Health Communication Course

Students in the course come from different backgrounds and professional interests. Often course members are practicing health care providers in local health care facilities, others are students majoring in health professional fields of study, and still others are students pursuing non-health related fields of study, such as sociology, public relations, or interpersonal communication. (Recently the Rutgers University administration encouraged members of the Student Health Center professional staff to enroll in the course over the Summer by providing staff members with free time for the course and waiving their tuition). Additionally, the course is open to upper division undergraduates and to graduate students, as well as to matriculating and non-matriculating students. Patterns of course member composition change from semester to semester, but the course generally supports an interprofessional mix of students. Past students in this course have represented health care fields such as nursing, medicine, pharmacy, dentistry, physical therapy, occupational therapy, nutrition, health care administration, medical records technology, and pastoral counseling. There are always students in the course who represent the interests of health care consumers.

The course accomodates a wide range of different student interests and perspectives, promoting an interprofessional examination of health commuication concerns. Topics of class discussion often result in spirited interaction and argument among class members. Different points of view have to be accomodated within the class structure. The differences in opinion that are expressed by different groups of students help to limit the development of professional ethnocentrism and encourages the development of interprofessional sensitivity and empathy among class members.

Topics Covered in the Health Communication Course

This course in Health Communication focuses on the role of communication in health and health care, particularly on the communicative demands of health care practice (Kreps, 1982d). Process oriented health communication training presents students with clear applications of course topics to health care delivery. I have found that health care providers are receptive to this process oriented type of health communication training because it clearly offers them pragmatic insights and utility to their jobs. Health care process topics apply communication skills specifically to the health care delivery system.

The seven major topic areas in health communication process training are:

1) patient interviewing;
2) health education;
3) practitioner/patient relationships;
4) health care teams;
5) therapeutic communication;
6) health care ethics;
7) communication in health care organizations.

These seven topic areas are not always mutually exclusive of one another, but often overlap. I try to utilize this overlap by presenting these topics in

sequence, with one topic leading into another. Moreover, these seven topic areas are certainly not exhaustive of all health communication process topics, but are examples of the topics that have proven most useful to the health care consumers and providers who have particpated in the health communication educational programs that I have presented.

Health Care Interviewing

Patient interviews are identified as a basic formal avenue of interpersonal communication between health care providers and consumers. Interview strategies, styles, and techniques are identified, discussed and applied to the interview situation. The perceptual process is examined and related to the ways people evaluate one another in interview situations.

Class members are given the opportunity to practice interviews by role-playing different roles in "simulated health care interviews" (Carroll and Monroe, 1979). Videotape has been used as an effective feedback tool to record the simulated health care interviews and critique interview communication style (Cassata and Clements, 1978; Cassata, et al., 1976).

Patient interviewing is demonstrated as an important part of health care information seeking when used in patient evaluation, diagnosis, and history taking. The importance of allowing the patient to explain their own perceptions of their health care problems is stressed as a crucial aspect of these interviews. Information giving is related to interviews where the practitioner attempts to explain a health care regimen, a diagnosis, or a symptom to a patient. Clear use of language, explanation of complex health care jargon, and seeking feedback from the patient are stressed as important parts of information giving interviews. Consumers are encouraged to assertively provide and seek information during health care interviews. Both consumers and providers are encouraged to recognize the importance of consumer information in health care diagnosis and treatment. Additionally, counseling

and problem solving interviews are examined and are presented as important and frequently occurring health care interview situations.

Health Education

In health education training, health care providers are instructed how to describe and explain complex health care topics and procedures clearly and explicitly to patients, lay audiences, and professional groups. Health care consumers are also encouraged to develop effective presentational skills for educating family and firends aboput relevant health topics. Techniques of written communication, as well as informative and persuasive presentational speaking are examined and discussed. Topic organization, structure, style, and delivery are stressed as important parts of written communication and presentational speaking. Persuasive strategies, research techniques, and data sources are examined. The interplay of verbal and nonverbal messages in health education presentations are discussed. Audience analysis and the ability to adapt messages to particular audiences is also discussed. The ability to seek and utilize feedback from audiences while speaking is empahasized. Preparation and use of effective visual aides and graphics in presentations are examined and practiced.

Training methods include lectures, readings, group discussions, and videotaped health education presentations by student health care practitioners on a variety of different health care topics. Students are given the opportunity to practice health education presentation skills within the class. While the speaker gets experience in presenting health care information to an audience, the other class members develop their ability to critique presentational content and style, as well as recognize effective and ineffective presentational communication strategies. Analysis of students' videotaped presentations gives the speakers an opportunity to evaluate their own presentational strengths and weaknesses (Cassata, et al., 1976, 1977).

Health education is identified as an important part of health care services. The practitioner can improve the effectiveness of health care delivery by informing the public about health care hazards, methods of self evaluation, when and where to seek health care services, and how to promote their own personal health. Health education is examined as an important part of holistic health care, where the orientation is towards the prevention of health care problems and promotion of individual wellness. Health care consumers are empowered to promote their own personal health and direct their health care by the provision of relevant information about health and health care. Additionally, health education presentations are discussed as a potential means for improving health care education by enhancing instructional communication and improving the quality of in-service training and education. Health care practitioners can share information about new methods of patient care with their peers through their development of effective presentational speaking skills during in-service training sessions in their own health care organizations.

Practitioner/Patient Relationships

The practitioner/patient relationship is identified as a crucial element in the relative success or failure of health care treatment. It is stressed that every time health care providers and consumers communicate interpersonally the relationship between the practitioner and health care client is affected either positively or negatively. Relationship development occurs every time interpersonal communicators exchange messages. Effective communicators must be sensitive to the impact of their interpersonal messages on relationship development.

In the class, content and relationship aspects of interpersonal messages are presented and analyzed (Watzlawick, et al., 1967). The quality of relationship messages are examined, identifying personal and object levels of

relationship communication, (Kreps and Thornton, 1984). Personal communication is shown to be a humanizing form of interaction, while object communication is shown to be dehumanizing. Examples of personal and object communication in health care are elicited, and the repercussions of these relationship messages on health care treatment are examined. The reciprocal nature of interpersonal relationships is examined, where relational partners establish mutual expectations for each other's behavior. Students are instructed to use their interpersonal communication with others to help them recognize these relational expectations. The importance of updating perceptions of relational expectations by constantly seeking feedback between interpersonal communicators is stressed as a key element in relationship development.

Lectures and group discussions are used as the primary training methods in presenting information about patient/practitioner relationships to class members. Students are encouraged to evaluate the interpersonal relationships they have developed with health care providers and consumers. How effective have these health care relationships been? What aspects of the interpersonal communication between patient and practitioner may have caused the relationships to become more or less effective? How does human communication affect relationship development in these situations? Strategies for becoming more sensitive to relational needs and developing effective patient/practitioner relationships are discussed.

The patient/practitioner relationship is examined as a crucial issue in health care provision, and poor health care relationships are identified as a primary cause of many current problems in the health care system. Ineffective patient/pratitioner relationships are examined as potential causes of such health care issues of poor patient compliance, unrealistic expectations by patients and practitioners in health care, miscommunications between patients

and pratitioners, lack of sensitivity between communicators in health care, and general dissatisfaction with health care services by both health care consumers and health care providers. The establishment of effective health care relationships is shown to have multifarious implications for improving the quality of health care delivery.

Health Care Team Building

The importance of developing effective health care teams in modern society is examined in light of the growing specialization and complexity of modern health care practice. No one health care provider has all of the knowledge or skills necessary to provide high quality health care in most situations. Moreover, health care providers must provide relevant health information to health care consumers and consumers' families and gather health information from these individuals to provide high quality health care. In modern health care practice, the many different specialized health care providers must work cooperatively with health care consumers to provide the best possible health care services to the public.

Intercultural and group communication is examined as key elements in developing effective health care teams. Intercultural communication is related to interprofessional relations between interdependent health care providers. Occupational ethnocentrism and disparities in professional status are examined as potential intercultural barriers between health professionals and clients that make up the health care team. Sex roles in health care (particularly between physicians and nurses) are also examined as potential cultural barriers to the development of health care teams. The use of health care jargon is discussed as a means of expressing cultural group membership, and the importance of using shared symbols between team members is stressed. (Some of the communication problems associated with using health care jargon with lay persons are also discussed).

Principles of small group communication are applied to health care team building and discussed with reference to the development of group norms, roles, leadership, cohesiveness, and decision making in health care teams. The health care team is identified as an interdisciplinary group of health care professionals whose common point of reference is the health care consumer. The consumer is seen as an important member of an effective health care team. Different leadership styles are examined for use in different health care situations and with different kinds of health care teams. Conflict between members of health care teams is examined as a potentially productive or destructive phenomenon, based upon the way team members communicate with one another in conflict situations. Ethical conflict communication techniques are examined as strategies for maintaining conflict to maximize its productive aspects and minimize its destructive aspects (Kreps and Thornton, 1984).

Health care team building is presented through lectures, discussions and role playing exercises. Students are given the opportunity to portray health professional roles that are different from their own (including the patient role) in health care decision making exercises. These exercises help sensitize students to the personal orientations and cultural perspectives held by different members of health care teams. Increased sensitivity to different cultural perspectives helps students recognize the legitimacy of these different perspectives on reality. Conflict, leadership emergence, and decision making strategies that develop within the group role playing exercises are discussed and strategies for improving small group communication and performance are discussed.

Therapeutic Communication

Therapeutic communication is identified as a key communication characteristic of helping, and health care is characterized as a helping

profession. Therapeutic communication is related to holistic health care in that it encourages consumers to take an active role in health care treatment. The therapeutic communicator is a helper who facilitates an individual's own development of personal recognition, analysis, and coping of their health care problems. Both health care providers and consumers have the potential to communicate therapeutically with others to the extent that they provide others with meaningful feedback and reorientation. In this way therapeutic communicators help others interpret their health condition and make meaningful health decisions. Therapeutic communication empowers individuals to take charge of their own personal health condition and treatment.

Therapeutic communication is examined as a means of promoting personal reorientation, support, and growth for consumers of health care services. Key elements of interpersonal communication, such as self disclosure, risk-taking, empathy, intimacy, and the development of supportive communication relationships, are examined as potentially therapeutic communication activities. The importance of using sensitive verbal and nonverbal communication messages in patient/pratitioner relationships is emphasized as important ingredients in facilitating therapeutic communication, (Kreps, 1981c). Health communication can become therapeutic if interpersonal communicators express empathy, trust, honesty, validation, and caring to one another in their interpersonal interactions. (Kreps and Thornton, 1984).

Health communication training in therapeutic communication is presented through a combination of lectures and group discussions. Specific health care situations where therapeutic communication is essential, such as communication with the terminally ill, are examined and discussed, (Kreps, 1982c). Discussions are also used to identify the implications of both therapeutic and pathological communication situations in health care treatment. Strategies for correcting pathological communication patterns and becoming a more

therapeutic communicator are discussed.

Health Communication Ethics

Ethics in health communication are examined as moral evaluations of the correctness of health care behaviors. Ethical standards are not absolute, but are shown to be relative to the specific situation and cultural orientation of the individuals involved. Rather than presenting rigid standards about what is or is not ethical, ethics are presented as flexible and situational. Human communication is used as both the means of performing, evaluating, and determining the relative ethics of health care situations. It is stressed that ethical standards for health communication can best be established through discursive communication between members of a community of health care providers and consumers.

Health communication ethics are presented through a combination of lectures, discussions, and analyses of moral dilemmas. Examples of moral dilemmas in health care, such as questions of euthanasia, or distribution of limited health resources are presented and examined. Current issues in health care practice are discussed. Information politics, or the sharing or withholding of health care information as a means of gaining and wielding power, is examined from the perspective of communication ethics. Honesty is also examined from the perspective of communication ethics. When, if ever, is it ethical not to tell the complete truth in health care practice? Should a health professional withhold information to protect a patient's emotional health? What role does patient confidentiality have in information exchange in health care communication? What are the ethical constraints on communication efforts to obtain informed consent from health care consumers? Are the use of placebo medications honest and ethical? The group is encouraged to explore the many different ethical considerations health care professionals must make in providing high quality health care services, and

are trained to develop insight into the ethical dimensions of various different health care situations.

Health care ethics are related to everyday health care practice. "Paternalism, truth-telling, and the day-to-day treatment issues, such as time, brusqueness, and nonverbal communication are matters for ethical inquiry" (Thornton, 1980). The ethics of double standards of treatment for the poor and the wealthy, to minority and majority group members, the young and the old, as well as for male and female patients and health care consumers are discussed (Kreps, 1982c). The issues of communicating about patient mortality, including communication with the terminally ill, euthanasia, and organ donations are also discussed with reference to the ethical decisions health care providers and consumers must make.

Communication in Health Care Organizations

Health care organizations, such as hospitals, medical centers, and nursing homes, are presented as the primary social systems for the delivery of health care services to the public in the modern world. The importance of effective human communication in health care organizations is stressed as a key factor in the successful operation of these organizations. Internal and external communication demands that are made on health care organizations are identified and discussed. Problems and functions of formal and informal message flow in health care organizations are examined. Hierarchy, organizational structure, and bureaucracy are identified as elements of the organization that provide rules and constraints on organizational behavior and communication. The need for innovation in health care organizations is examined, as well as the balance the organization must maintain between structure and change. Communication strategies for effectively implementing change within health care organizations are proposed and discussed.

Communication in health care organizations is presented through lectures,

discussions, and case study analyses. Case histories of problem situations faced in health care organizations are examined by class members. Organizational difficulties are identified and analyzed. Suggestions for improvement of the communication systems in the cases are elicited and specific action plans for implementing the suggestions are discussed. The analysis of health care organization case studies allows the trainees to directly apply the information from class lectures and readings to analyzing realistic organizational problems and developing strategies for solving communication difficulties in health care organizations.

Specific communication issues in health care organizations are identified and discussed in the class. Some of these issues include role conflict and multiple authority problems facing many mid-level hospital employees (such as staff nurses), over-development of bureaucratic regulations and "red-tape" in hospitals organizations, competition between the formal and informal communication systems in many health care organizations, and competitive interprofessional relationships in health care organizations (Kreps and Thornton, 1984). Students are asked to examine and evaluate their own communication roles within the health care organizations where they work or have been patients to further apply the information to their own organizational experience.

Conclusion and Implications

Communication training for health care providers and consumers can help prepare these individuals to meet the communicative demands of health care practice. Offering health communication educational programs to interprofesional groups of students is a promising means of reaching those individuals who are in most need of pertinent health communication information, analysis, and instruction. Health care educational programs presented to interprofessional audiences can help keep practicing health

professionals up-to-date on the latest health care information and techniques, as well as help consumers learn a great deal about the realities of health care practice by attending classes with experienced health care providers. Pre-health professional students can benefit from the wide range of experiences working health professionals can share with them.

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